

Patient Visit Organizer

Date: _____

Name: _____

What do you want to discuss with your doctor/nurse today?

Type of Visit: (check one)

- Recent health problem (e.g. accident, fever, sudden pain)
- Prevention or routine care (e.g. physicals, pap screening, well-child care)
- Check up for disease management (e.g. high blood pressure, diabetes, asthma)
- New Patient

Do you need any forms completed today? (circle) Yes No

Please write down your reasons for seeing the doctor today

| Problems | When did the problem start? | What have you tried? | Rank order 1, 2, 3 |
|----------|-----------------------------|----------------------|--------------------|
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I have concerns I want to discuss privately with my doctors? (circle) Yes No

Please list any health improvements you have made since your last visit (e.g. weight, diet, exercise, mood, quit smoking)

New Medications since last visit, or prescribed by another doctor

| Medication | Diagnosis/Reason for Taking |
|------------|-----------------------------|
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Do you need any medications refilled today? (circle) Yes No